



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 115857		2. Name of Corporation ANGELA L. KARAVASILIS, D.O. INC.			
3. Street Address Principal Business Office 2 WAKE ROBIN ROAD SUITE 208			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-475-7650		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island ENGAGE IN THE PRACTICE OF MEDICINE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Angela L. Karavasilis			Vice President Name None		
Street Address 2 Wake Robin Road, Suite 208			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Angela L. Karavasilis			Treasurer Name Angela L. Karavasilis		
Street Address 2 Wake Robin Road, Suite 208			Street Address 2 Wake Robin Road, Suite 208		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Angela L. Karavasilis			Director Name None		
Street Address 2 Wake Robin Road, Suite 208			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			2,000	common	no par
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Angela L. Karavasilis Date: 1-7-08  
Print or Type Name: Angela L. Karavasilis  
Title: President

**FILED**  
File Date: JAN 18 2008  
Check No.: 3947  
By: [Signature]  
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